

STATE OF MICHIGAN

HUMAN RESOURCES

CHECKLIST FOR NEW EMPLOYEE ORIENTATION

Name	Hire Date
Work Location	Immediate Supervisor
Position Title	Employee ID#

Human Resource Office/Agency Liaison: **The following items are considered *essential*. This information *must* be provided and each item must be discussed with the employee.**

Department/Agency Information

- ☐ Employee Handbook (If Available)
- ☐ Mission and Vision Statement of the Department/Agency
- ☐ Organizational Chart
- ☐ Position Description

State Government Information

- ☐ Brochure/Video "Working for Michigan"
- ☐ EEO
- ☐ Organizational Chart

Insurances

- ☐ COBRA
- ☐ *Dental Care
- ☐ *Health Care
- ☐ *Life
- ☐ *Long Term Care
- ☐ *Long Term Disability
- ☐ *Mutual of Omaha (Accidental Death & Dismemberment)
- ☐ Open Enrollment
- ☐ *Vision Care

*Income Tax Withholding Forms

***Form I-9** (Employment Eligibility Verification)

Tax Deferral Programs

- ☐ Deferred Compensation
- ☐ Flexible Spending Accounts
- ☐ Michigan Education Savings Program (state income tax)
- ☐ Pre-tax Parking (If Applicable)

Leave Information

- ☐ Annual Leave (Initial grant/accrual/Oct. 1 grant/AL probation)
- ☐ Sick Leave
- ☐ Leaves of Absence
- ☐ Family Medical Leave Act (FMLA)
- ☐ School Participation Leave

Payroll Information

- ☐ DCDS/Timesheets
- ☐ Electronic Funds Transfer (EFT)
- ☐ Longevity Information
- ☐ Paid Holidays
- ☐ Pay Days/1st Pay Date
- ☐ Pay Rate/Step Increases/Reclassification
- ☐ Performance Pay Plan (If Applicable)
- ☐ *Retirement (Defined Contribution Plan)
- ☐ Savings Bonds
- ☐ State Employees Combined Campaign
- ☐ *Union Membership Dues (if applicable)

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Policy Information

- ☐ Agency Policies/Work Rules
- ☐ Civil Service Rules and Regulations www.state.mi.us/mdcs
- ☐ *Conflict of Interest/Disclosure
- ☐ *Discriminatory Harassment
- ☐ *Drug and Alcohol Testing
- ☐ *Oath of Office
- ☐ Performance Ratings
- ☐ Probationary Period
- ☐ Supplemental Employment
- ☐ *Workplace Safety

Miscellaneous

- ☐ Accident/Injury Reporting
- ☐ *Beneficiary Forms
- ☐ *Computer Usage
- ☐ Emergency Contact Information
- ☐ Employee Service Program (ESP)
- ☐ Michigan Education Trust (MET)
- ☐ Notice of Military Service Credit Option
- ☐ Retirement Information
- ☐ State of Michigan, Employee Self Service
- ☐ Picture ID/Security Card
- ☐ Departmental Tuition Reimbursement (if available)
- ☐ Professional Development Fund (NEREs only)
- ☐ Vendor Web Registration Notification

Employee Acknowledgement: *I certify that I have received the above information from the Human Resource Office. It is my responsibility to read and comply with all departmental/Civil Service policies, rules, and regulations.*

Employee Signature: _____ Date: _____

Orientation completed by: _____ Date: _____

NOTE: * Form(s) must be completed by the employee and returned to the Human Resource Office.